



TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 03-17	2. STATE: TEXAS
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
5. TYPE OF PLAN MATERIAL (Circle One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)		4. PROPOSED EFFECTIVE DATE: September 1, 2003	
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2004 \$ 0 b. FFY 2005 \$ 0		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: SEE ATTACHMENT	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): SEE ATTACHMENT		
10. SUBJECT OF AMENDMENT: This amendment removes the requirement that licensed nurse act as a supervisor in the Primary Home Care program, and incorporates corresponding changes to the reimbursement methodologies for Primary Home Care Services and Home and Community Care for Functionally Disabled Elderly Individuals under §1905(a)(22) of the Social Security Act. The Health and Human Services Commission no longer requires nurse supervision, and is therefore making these changes to streamline the personal care program requirements.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Sent to Governor's Office this date. Comments, if any, will <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL be forwarded upon receipt.			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Jason Cooke State Medicaid/CHIP Director Post Office Box 13247 Austin, Texas 78711	
13. TYPED NAME: Jason Cooke		14. TITLE: State Medicaid/CHIP Director	
15. DATE SUBMITTED: September 19, 2003			
17. DATE RECEIVED: 19 Sept 2003			
FOR REGIONAL OFFICE USE ONLY			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 SEPTEMBER 2003		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: ANDREW A. FREDRICKSON		22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR DIV OF MEDICAID & CHILDREN'S HEALTH	
23. REMARKS:			

Attachment to Block 8 and 9 to HCFA Form 179

Transmittal No. TN 03-17, Amendment No. 652

**Number of the
Plan Section or Attachment**

**Number of the Superseded
Plan Section or Attachment**

Attachment 4.19-B
Page 6(f)
Page 35

Attachment 4.19-B
Page 6(f) (TN 03-04)
Page 35 (TN 02-01)

Appendix 1 to Attachment 3.1-A
Page 52a

Appendix 1 to Attachment 3.1-A
Page 52a (TN 02-01)

Appendix 1 to Attachment 3.1-B
Page 52a

Appendix 1 to Attachment 3.1-B
Page 52a (TN 03-06)

Appendix C-1 to Supp. 2 to Attach. 3.1-A
Page 4

Appendix C-1 to Supp. 2 to Attach. 3.1-A
Page 4 (TN 02-01)

Appendix C-2 to Supp. 2 to Attach. 3.1-A
Page 5

Appendix C-2 to Supp. 2 to Attach. 3.1-A
Page 5 (TN 02-01)

Appendix D-1 to Supp. 2 to Attach. 3.1-A
Page 1

Appendix D-1 to Supp. 2 to Attach. 3.1-A
Page 1 (TN 91-30)

XI. Consumer Directed Services

- (1) Consumer Directed Services (CDS) are made available to eligible clients in the Primary Home Care (PHC) program.
- (2) The sum of the contracted provider payment amount and the payment amount for CDS must not exceed the hourly attendant compensation enhancement participant payment rate made to contracted providers not participating in CDS. The contracted provider payment amount is determined by modeling the estimated costs to carry out the responsibilities of the contracted provider under CDS. The payment amount for CDS is determined by subtracting the contracted provider payment amount from the attendant compensation enhancement participant payment rate made to contracted providers not participating in CDS.
- (3) The contracted provider payment amount is paid to the contracted provider as a percentage of the amount expended and claimed for CDS to the state for reimbursement.
- (4) Clients must expend for CDS an average hourly compensation amount for attendants equal to the calculated attendant compensation rate component of the rate per hour of service for contracted providers not participating in CDS divided by 1.07. Compensation includes salaries and wages, payroll taxes, workers' compensation, employee benefits/insurance, and mileage reimbursement.

SUPERSEDES: TN- 03-04

STATE <u>Texas</u>	A
DATE REC'D <u>9-19-03</u>	
DATE APP'D <u>12-2-03</u>	
DATE EFF <u>9-1-03</u>	
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42. Reimbursement Methodology for Primary Home Care Services - Home and Community Care for Functionally Disabled Elderly Individuals §1905 (a) (23)
- (1) Personal Care Services. Payment for covered services will be determined by the reimbursement methodology for Primary Home Care (personal care) in Attachment 4.19-B Pages 6 - 6 (f). Costs will be aggregated into one data base and the same rate will be used for personal care services under the §1115 waiver referenced in §1929 (b) (2) (B) and will ensure equal treatment of all recipients receiving personal care.

SUPERSEDES: IN- 02-01

STATE <u>Texas</u>	A
DATE REC'D <u>9-19-03</u>	
DATE APP'D <u>12-2-03</u>	
DATE EFF <u>9-1-03</u>	
HCFA 179 <u>03-17</u>	

24.f Personal Care Services (Continued)

- G. A family member is defined as an individual with a duty under the Texas Family Code, Sections 2.501 and 151.001, to support the recipient, i.e., spouse for spouse and parent for minor child.
- H. The provider must maintain records and submit reports and other information specified by the Texas Department of Human Services.
- I. Personal care services are supervised by an employee designated as "supervisor" when provided by an agency under contract with the Texas Department of Human Services to provide personal care services. Personal care services are supervised by the recipient/legal guardian in the Consumer Directed Services component of personal care services.
- J. Consumer Directed Services (CDS) gives the recipient/legal guardian support to be the employer of record for their personal care services. The recipient chooses, directs, and manages their personal care services. To contract for CDS, providers must have an existing contract with the Texas Department of Human Services to provide community care services. CDS providers contract in the recipient's geographic area for the CDS program with the Texas Department of Human Services to provide CDS functions including training and ongoing support on being an employer; handling of employment-related activities, and budgeting for personal care services.

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SUPERSEDES: TN- 03-06

STATE <u>Texas</u>	A
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26 Personal Care Services (Continued)

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25 Personal Care Services (Continued)

- G. A family member is defined as an individual with a duty under the Texas Family Code, Sections 2.501 and 151.001, to support the recipient, i.e., spouse for spouse and parent for minor child.
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SUPERSEDES IN 03-06

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Standards for family members who provide personal care services differ from those for other providers of this service. The standards for personal care services provided by family members are found in Appendix C-2.

2. Personal care providers will be supervised by:

a registered nurse, licensed to practice nursing in the State

case managers

XXX other (specify): An employee designated as "supervisor" when provided by a contracted personal care agency. Personal care providers in the Consumer Directed Services component of personal care services are supervised by the recipient/legal guardian.

3. Minimum frequency or intensity of supervision:

as indicated in the client's ICCP

XXX other (specify): At least every twelve months for personal care services provided by a contracted agency; or as often as deemed necessary by the recipient, with a written evaluation at least every twelve months, in the Consumer Directed Services component of personal care services.

4. Personal care services are limited to those furnished in a recipient's home.

Yes XXX No

5. Limitations (check one):

This service is provided to eligible individuals without limitations on the amount or duration of services furnished.

XXX The State will impose the following limitations on the provision of this service (specify):

Services are limited to the lesser of:

- no more than fifty (50) hours per week per recipient, or

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d. PROVIDER REQUIREMENTS SPECIFIC TO EACH SERVICE

In addition to the licensure and certification standards cited in Appendix, the State will impose the following qualifications for the providers of each service –

SERVICE	MINIMUM QUALIFICATIONS OF PROVIDERS
HOMEMAKER	
HOME HEALTH AIDE	
PERSONAL CARE Applies to attendants of both the personal care agency and the Consumer Directed Services (CDS) recipient/legal guardian.	The attendant must be 18 years of age or older; cannot be a: (1) spouse of the client, (2) parent of a client that is a minor, (3) person with a legal duty to support the client, (4) person already available to meet the needs of the client, or (5) person who is not competent, dependable, or capable of performing the work; attendant must be oriented to the services to be provided by the supervisor of the contracted personal care agency, or by the recipient/legal guardian in CDS, and/or meet other testing or license requirements that the State may require. New hires must pass a criminal background check.
ATTENDANT CARE	
NURSING CARE	
RESPIRE CARE IN HOME	
FACILITY BASED	
FAMILY TRAINING	
ADULT DAY CARE	
DAY TREATMENT / PARTIAL HOSPITALIZATION	
PSYCHOSOCIAL REHABILITATION	
CLINIC SERVICES	
CHORE SERVICES	
HABILITATION GENERAL STANDARDS	
RESIDENTIAL HABILITATION	

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APPENDIX D-1 ASSESSMENT

- a. The State will provide for a comprehensive functional assessment for a financially eligible individual who meets the targeting requirements set forth in item 3 of Supplement 2.
- b. This assessment will be provided at the request of the individual, or another person acting on the individual's behalf.
- c. The individual will not be charged a fee for this assessment.
- d. In order to ensure the performance of the assessment the State will follow the following procedures:
 1. The case manager will meet with the client and other appropriate parties to assess the needs of the individual, to determine the presence of functional disability according to the State's definition, and to develop a suggested ICCP.
 2. A supervisor employed by the contracted personal care agency will collect information about the client's medically related functional needs in relation to the case manager's ICCP. The supervisor forwards the information along with the case manager's ICCP to the State Agency RN.
 3. The State Agency RN verifies the individual's functional disability, medical need for service, medical appropriateness of the ICCP, and gives final approval to begin service. During this process the State Agency RN consults with the case manager as necessary.
- e. The assessment will be reviewed and revised not less often than (check one):
 1. XXX Every 12 months
 2. _____ Every 6 months
 3. _____ Other period not to exceed 12 months (Specify): _____

SUPERSEDES: IN 91-30

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